REMARKS

PRIORITY

The specification has been amended to reflect that the present application claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application Serial No. 60/241,557, filed October 18, 2000.

CORRECTION OF TYPOGRAPHICAL ERROR IN THE SPECIFICATION

The specification has been amended to correct a typographical error that occurred on page 4, line 9 so that the phrase "therapeutically weigh-effective amount of ribavirin" is replaced by the phrase "therapeutically weight-effective amount of ribavirin."

SEQUENCE LISTING

A corrected hardcopy of the Sequence Listing is submitted herein as **Appendix A**. In addition, an electronic copy of the Sequence Listing is submitted along with a Sequence Listing Statement noting that the information recorded on the diskette is identical in content to the information in the written Sequence Listing.

STATUS OF THE CLAIMS

Claim 1-42 are pending and stand rejected.

Claims 1-19 have been canceled.

Claims 20, 29, 33, and 36 have been amended for greater clarity as detailed below.

CLAIM REJECTIONS - 35 USC §112

Claims 11, 13, 15, 17, 19, 20, 29, and 33 stand rejected under 35 USC §112 for allegedly being indefinite. Claims 11, 13, 15, 17, 19 have been canceled.

Claim 20 has been amended to replace the phrase "greater than about" with the phrase "greater than" and to remove the phrase "less than about." In addition, Claim 20 has been amended to add the term "kg" after the term "60" and remove the term "about" before the phrase "65 kg."

Claim 29 has been amended to replace the phrase " at least about" with the phrase "at least."

Claim 33 has been amended to replace the phrase "at least about," with the term "about."

Lastly, Claim 36 has been amended to replace the term "treratment" with the term "treatment." Support for these amendments can be found in the specification and the claims as originally filed, for example, on page 4, lines 18-21. In light of these amendments, these 35 USC §112 rejections are believed to be overcome.

DOUBLE PATENTING REJECTIONS

As noted above, the present application was filed on October 16, 2001 and claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application Serial No. 60/241,557, filed October 18, 2000.

Claims 1-42 stand provisionally rejected under the judicially-created doctrine of obviousness type double patenting over Claims 3, 4, 13-15, 19-24, 26-30, 32-35, and 37-39 in co-pending, commonly-owned application Serial No. 10/247,396 corresponding to **U.S. pre-grant publication No. US 2003/0055013**. Applicants point out that the present application has an earlier date of priority (October 18, 2000) than Serial No. 10/247,396 (filed September 19, 2002 with priority claimed to September 20, 2001). As such, Applicants respectfully request removal of this rejection.

Claims 1-42 stand provisionally rejected under the judicially-created doctrine of obviousness type double patenting over claims in co-pending, commonly-owned application Serial No. 09/464,426 corresponding to **U.S. pre-grant publication No. US 2002/0119122**. If necessary, Applicants will provide a terminal disclaimer to obviate the provisional obviousness double patenting rejection at the time the present subject matter is deemed patentable.

Claims 1-42 stand provisionally rejected under the judicially-created doctrine of obviousness type double patenting over Claims 1-70 in co-pending, commonly-owned application Serial No. 10/255,442 corresponding to **U.S. pre-grant publication No. US 2003/0039630**. If necessary, Applicants will provide a terminal disclaimer to obviate the provisional obviousness double patenting rejection at the time the present subject matter is deemed patentable.

Claims 1-3, 7, 8, 11, 20, and 29 stand provisionally rejected under the judicially-created doctrine of obviousness type double patenting over Claims 3-7 in co-pending, commonly-owned application Serial No. 09/837,491 corresponding to **U.S. pre-grant publication No. US 2002/0055473**. If necessary, Applicants will provide a terminal disclaimer to obviate the provisional obviousness double patenting rejection at the time the present subject matter is deemed patentable.

Claims 1-3, 7, 8, 11, 20, and 29 stand provisionally rejected under the judicially-created doctrine of obviousness type double patenting over Claims 4, 21, 32, and 42 in co-pending, commonly-owned application Serial No. 09/837,609 corresponding to **U.S. pre-grant publication No. US 2003/0004119**. Applicants point out that the present application has an earlier date of priority (October 18, 2000) than Serial No. 09/837,609 (filed April 18, 2001). As such, Applicants respectfully request removal of this rejection.

Claims 1-3, 7, 8, 11, 20, and 29 stand rejected under the judicially-created doctrine of obviousness-type double patenting over Claims 13 and 22-28 of commonly-owned **U.S. Patent No. 6,635,646**. A Terminal Disclaimer executed by the undersigned attorney of record in compliance with 37 C.F.R. 1.321(c) is enclosed, and this ground of rejection should be removed.

Claims 1-3, 7, 8, 11, 20, and 29 stand rejected under the judicially-created doctrine of obviousness-type double patenting over Claim 38 of commonly-owned **U.S. Patent No. 6,673,775**. Applicants point out that the present application has an earlier date of priority (October 18, 2000) than U.S. Patent No. 6,673,775 (filed April 18, 2001). As such, Applicants respectfully request removal of this rejection.

Claims 1-3, 7, 8, 11, 20, and 29 stand rejected under the judicially-created doctrine of obviousness-type double patenting over Claim 2 of commonly-owned **U.S. Patent No. 6,403,564**. A Terminal Disclaimer executed by the undersigned attorney of record in compliance with 37 C.F.R. 1.321(c) is enclosed, and this ground of rejection should be removed.

Claims 1-3, 7, 8, 11, 20, and 29 stand rejected under the judicially-created doctrine of obviousness-type double patenting over Claims 16, 28, 35, and 36 of commonly-owned **U.S. Patent No. 6,277,830**. A Terminal Disclaimer executed by the undersigned attorney of record in compliance with 37 C.F.R. 1.321(c) is enclosed, and this ground of rejection should be removed.

Claims 1-3, 7, 8, 11, 20, and 29 stand rejected under the judicially-created doctrine of obviousness-type double patenting over Claims 1-13 of commonly-owned **U.S. Patent No. 6,387,365**. A Terminal Disclaimer executed by the undersigned attorney of record in compliance with 37 C.F.R. 1.321(c) is enclosed, and this ground of rejection should be removed.

The aforementioned Terminal Disclaimers are submitted herein as **Appendix B**.

CLAIM REJECTIONS - 35 USC §102

Claims 1-42 are rejected under 35 U.S.C. §102(a) as being anticipated by **Glue and Albrecht, WO 00/37110**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

Glue and Albrecht describe studies for treating patients having chronic hepatitis C infections with two treatment time periods (1) administering 400-1600 mg/day of ribavirin and 0.5-1.5 μg/kg of pegylated interferon alfa-2b twice a week; followed by (2) administering 400-1600 mg/day of ribavirin and 0.5-1.5 μg/kg of pegylated interferon alfa-2b once a week. See, Glue and Albrecht, page 6, line 26 to page 7, line 6 as well as page 8, lines 4-5 and page 8, lines 23-29. Nowhere do Glue and Albrecht disclose or suggest administering doses of ribavirin and pegylated interferon alfa-2b wherein the ribavirin administered differs based on the patient's body weight as disclosed in the presently claimed invention. Consequently, Glue and Albrecht cannot anticipate or render obvious the presently claimed invention.

Claims 1-42 are rejected under 35 U.S.C. §102(a) as being anticipated by **Glue *et al.*, *Hepatology*, 32(3):647-653, September 2000**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

Glue *et al.* describe treating chronic hepatitis C infection by administering 600-1200 mg/kg ribavirin and 0.35, 0.7, or 1.4 micrograms/kg of pegylated interferon alfa to treat patients with chronic hepatitis C to eradicate detectable levels of HCV RNA.

The dosing regimen evaluated by Glue *et al.* differs from that claimed above. In particular, the amount of pegylated interferon alfa administered in Glue *et al.* is 0.35, 0.7, or 1.4 micrograms/kg whereas that in the presently claimed invention is 1.5 micrograms/kg.

Furthermore, Glue *et al.* discuss the limitations of their studies stating:

> These results suggest that Peg-Intron should be considered as one component in combination therapy for chronic hepatitis C, rather than as a monotherapy. However, an accurate assessment of the magnitude of this enhancement will require testing of larger numbers of patients. In the present study, subject numbers were small, genotype was not controlled at the time of patient randomization, and duration of treatment (24 weeks) was shorter than would now be regarded as adequate. Because of the small numbers of patients in each ribavirin dose level, it was not possible to assess the effect of ribavirin dose on anti-viral responses.

(emphasis added), see Glue *et al.*, page 652, the second to last paragraph.

Nowhere do Glue *et al.* disclose or suggest administering doses of ribavirin and pegylated interferon alfa-2b wherein the amount of pegylated interferon alfa administered is 1.5 micrograms/kg as disclosed in the presently claimed invention. Furthermore, as noted in the excerpt above, Glue *et al.* point out that "because of the small numbers of patients in each ribavirin dose level, it was not possible to assess the effect of ribavirin dose on anti-viral responses." Consequently, Glue *et al.* cannot anticipate or render obvious the presently claimed invention.

Claims 1-42 are rejected under 35 U.S.C. §102(e) as being anticipated by **Stalgis *et al.*, U.S. pre-grant publication US 2002/0119122 Al**, corresponding to U.S. patent application Serial No. 09/464,462 filed December 16, 1999. The applied reference has a common inventor and assignee with the instant application as evidenced by the enclosed assignment for U.S.S.N. 09/464,426 submitted herein as **Appendix C**. Applicants point out the following excerpt from MPEP 804.

> For applications filed on or after November 29, 1999, rejections under 35 U.S.C. 102(e)/103(a) should not be made or maintained if the applicant provides evidence that the subject matter of the reference and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person.

Accordingly, based on the assignment for U.S.S.N. 09/464,426, this rejection should be removed.

Claims 1-3, 7, 8, 11, 20 and 29 are rejected under 35 U.S.C. §102(e) as being anticipated by **Laughlin, U.S. Patent No. 6,635,646**, based on U.S.S.N. 09/562,729 filed May 1, 2000. The applied reference has a common assignee with the instant application as evidenced by the assignment for U.S.S.N. 09/562,729 submitted herein as **Appendix D**. Applicants point out the following excerpt from MPEP 804.

> For applications filed on or after November 29, 1999, rejections under 35 U.S.C. 102(e)/103(a) should not be made or maintained if the applicant provides evidence that the subject matter of the reference and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person.

Accordingly, based on the assignment for U.S.S.N. 09/562,729, this rejection should be removed.

CLAIM REJECTIONS - 35 USC §103

Claims 1-42 are rejected under 35 U.S.C. §103(a) as being unpatentable over **Davis *et al., N Engl J Med*, 339:1493-1499, 1998** and **Gilbert and Cho, WO 95/13090**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

Davis *et al.* describe treating chronic HCV by administering: (i) 1000 mg/day of ribavirin for patients who weigh 75 kg or less, or (ii) 1200 mg/day of ribavirin for patients who weigh more than 75 kg; and 3 million units of interferon alfa-2b three times a week.

Gilbert and Cho describe that pegylated forms of interferon alpha retain all of the biological activity as the unconjugated forms and are longer acting.

The dosing regimen described by Davis *et al.* differs from that claimed above. In particular, Davis *et al.* divide the patient population based on their body weight into two groups for ribavirin dosing: (i) 75 kg or less, and (ii) more than 75 kg. In contrast, Claims 20-28 of the present invention divide the patient population based on their body weight into three groups for ribavirin dosing: (i) about 60 kg to 65 kg, (ii) greater than 65 kg to 85 kg, and (iii) greater than 85 kg. More specifically, Claims 20-28 are directed to methods wherein the amount of ribavirin administered is about 800 mg/day for a patient having a body weight of about 60 kg to 65 kg, about 1000 mg/day for a patient having a weight in the range of greater than 65 kg to 85 kg, and about 1200 mg/day for a patient having a weight greater than 85 kg. Likewise, a different ribavirin dosing regimen is disclosed in Claims 29-42 wherein the amount of ribavirin administered to a patient is at least 10.6 mg/kg of the patient's body weight. Furthermore, regarding the dose of pegylated interferon alfa, no direct translation is available to convert 3 million units of interferon alfa to its equivalent in micrograms/kg.

Applicants assert that neither of the above-cited references by Davis *et al.* or Gilbert and Cho taken alone or in combination discloses all the limitations of the amended claims in the present application. Specifically, the cited references do not disclose either (1) the ribavirin dosing regimen; or (2) the pegylated interferon alfa dose.

Claims 1-42 are rejected under 35 U.S.C. §103(a) as being unpatentable over **McHutchison *et al.*, *N Engl J Med*, 339:1485-1492, 1998** and **Gilbert and Cho, WO 95/13090**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

McHutchison *et al.* describe treating chronic HCV by administering: (i) 1000 mg/day of ribavirin for patients who weigh 75 kg or less, or (ii) 1200 mg/day of ribavirin for patients who weigh more than 75 kg; and 3 million units of interferon alfa-2b three times a week.

Gilbert and Cho describe that pegylated forms of interferon alpha retain all of the biological activity as the unconjugated forms and are longer acting.

The dosing regimen described by McHutchison *et al.* differs from that claimed above. In particular, McHutchison *et al.* divide the patient population based on their body weight into two groups for ribavirin dosing: (i) 75 kg or less, and (ii) more than 75 kg. In contrast, Claims 20-28 of the present invention divide the patient population based on their body weight into three groups for ribavirin dosing: (i) about 60 kg to 65 kg, (ii) greater than 65 kg to 85 kg, and (iii) greater than 85 kg. More specifically, Claims 20-28 are directed to methods wherein the amount of ribavirin administered is about 800 mg/day for a patient having a body weight of about 60 kg to 65 kg, about 1000 mg/day for a patient having a weight in the range of greater than 65 kg to 85 kg, and about 1200 mg/day for a patient having a weight greater than 85 kg. Likewise, a different ribavirin dosing regimen is disclosed in Claims 29-42 wherein the amount of ribavirin administered to a patient is at least 10.6 mg/kg of the patient's body weight. Furthermore, regarding the dose of pegylated interferon alfa, no direct translation is available to convert 3 million units of interferon alfa to its equivalent in micrograms/kg.

In fact, McHutchison *et al.* teaches away from the present invention that correlates a sustained virologic response with dosing based on a patient's body weight. Specifically, McHutchison *et al.* state that "sustained virologic response was unrelated to age, sex, body weight, or the estimated duration of disease" (emphasis added), see page 1489, 1st paragraph, 1st sentence." Therefore, one of skill in the art would not be motivated to alter the dosing based on body weight or have a reasonable expectation of success if they chose to do so.

Applicants assert that neither of the above-cited references by McHutchison *et al.* or Gilbert and Cho taken alone or in combination discloses all the limitations of the amended claims in the present application. Specifically, the cited references do not disclose either (1) the ribavirin dosing regimen; or (2) the pegylated interferon alfa dose.

Claims 1-42 are rejected under 35 U.S.C. §103(a) as being unpatentable over **Poynard *et al.*, *Lancet*, 352:1426-1432, 1998** and **Gilbert and Cho, WO 95/13090**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

Poynard *et al.* describe treating chronic HCV by administering: (i) 1000 mg/day of ribavirin for patients who weigh less than 75 kg, or (ii) 1200 mg/day of ribavirin for patients who weigh 75 kg of more; and 3 million units of interferon alfa-2b three times a week.

Gilbert and Cho describe that pegylated forms of interferon alpha retain all of the biological activity as the unconjugated forms and are longer acting.

The dosing regimen described by Poynard *et al.* differs from that claimed above. In particular, Poynard *et al.* divide the patient population based on their body weight into two groups for ribavirin dosing: (i) less than 75 kg, and (ii) 75 kg or more. In contrast, Claims 20-28 of the present invention divide the patient population based on their body weight into three groups for ribavirin dosing: (i) about 60 kg to 65 kg, (ii) greater than 65 kg to 85 kg, and (iii) greater than 85 kg. More specifically, Claims 20-28 are directed to methods wherein the amount of ribavirin administered is about 800 mg/day for a patient having a body weight of about 60 kg to 65 kg,

about 1000 mg/day for a patient having a weight in the range of greater than 65 kg to 85 kg, and about 1200 mg/day for a patient having a weight greater than 85 kg. Likewise, a different ribavirin dosing regimen is disclosed in Claims 29-42 wherein the amount of ribavirin administered to a patient is at least 10.6 mg/kg of the patient's body weight. Furthermore, regarding the dose of pegylated interferon alfa, no direct translation is available to convert 3 million units of interferon alfa to its equivalent in micrograms/kg.

Despite tracking body weight, Poynard *et al.* makes no correlation between sustained virologic response and dosing based on a patient's body weight as disclosed in the present invention. Rather, Poynard *et al.* state that "[l]ogistic regression identified five independent factors significantly associated with response: genotype 2 or 3, viral load less than 2 million copies/mL, age 40 years or less, minimal fibrosis stage, and female sex." See page 1426, 1st column, last paragraph, last sentence. Therefore, one of skill in the art would not be motivated to alter the dosing based on body weight.

Applicants assert that neither of the above-cited references by Poynard *et al.* or Gilbert and Cho taken alone or in combination discloses all the limitations of the amended claims in the present application. Specifically, the cited references do not disclose either (1) the ribavirin dosing regimen; or (2) the pegylated interferon alfa dose.

Claims 1-42 are rejected under 35 U.S.C. §103(a) as being unpatentable over **Reichard *et al.*, *Lancet*, 351:83-87, 1998** and **Gilbert and Cho, WO 95/13090**.

Claims 1-19 have been canceled. As detailed above, Claims 20-42 are directed to methods of treating a patient having chronic hepatitis C infection that comprises administering ribavirin and pegylated interferon alfa-2b protein to the patient wherein the amount of ribavirin administered is based on the patient's body weight. Notably, Claims 20-28 distinguishes the amount of ribavirin administered to a patient that has a body weight of about 60 kg to 65 kg, greater than 65 kg to 85 kg, and greater than 85 kg. Similarly, Claims 29-42 specifies the amount of ribavirin administered to a patient as at least 10.6 mg/kg of the patient's body weight.

Reichard *et al.* describe treating chronic HCV by administering: (i) 1000 mg/day of ribavirin for patients who weigh less than 75 kg, or (ii) 1200 mg/day of ribavirin for patients who weigh 75 kg of more; and 3 million units of interferon alfa-2b three times a week.

Gilbert and Cho describe that pegylated forms of interferon alpha retain all of the biological activity as the unconjugated forms and are longer acting.

The dosing regimen described by Reichard *et al.* differs from that claimed above. In particular, Reichard *et al.* divide the patient population based on their body weight into two groups for ribavirin dosing: (i) less than 75 kg, and (ii) 75 kg or more. In contrast, Claims 20-28 of the present invention divide the patient population based on their body weight into three groups for ribavirin dosing: (i) about 60 kg to 65 kg, (ii) greater than 65 kg to 85 kg, and (iii) greater than 85 kg. More specifically, Claims 20-28 are directed to methods wherein the amount of ribavirin administered is about 800 mg/day for a patient having a body weight of about 60 kg to 65 kg, about 1000 mg/day for a patient having a weight in the range of greater than 65 kg to 85 kg, and about 1200 mg/day for a patient having a weight greater than 85 kg. Likewise, a different ribavirin dosing regimen is disclosed in Claims 29-42 wherein the amount of ribavirin administered to a patient is at least 10.6 mg/kg of the patient's body weight. Furthermore, regarding the dose of pegylated interferon alfa, no direct translation is available to convert 3 million units of interferon alfa to its equivalent in micrograms/kg.

Notably, Reichard *et al.* point out that "[t]he optimal use and regimen of combination therapy awaits further investigation." See Reichard *et al.*, page 108S, the penultimate sentence in the Abstract/Summary in the left hand column.

Applicants assert that neither of the above-cited references by Reichard *et al.* or Gilbert and Cho taken alone or in combination discloses all the limitations of the amended claims in the present application. Specifically, the cited references do not disclose either (1) the ribavirin dosing regimen; or (2) the pegylated interferon alfa dose.

Claims 1-3, 7, 8, 11, 20 and 29 are rejected under 35 U.S.C. §103(a) as being obvious over **Ganguly *et al.*, U.S. Patent No. 6,403,564**, based on U.S.S.N. 09/417,884 filed on October 14, 1999. The applied reference has a common assignee with the instant application as evidenced by the assignment of U.S.S.N. 09/417,884 submitted herein as **Appendix E**. Applicants point out the following excerpt from MPEP 804.

> For applications filed on or after November 29, 1999, rejections under 35 U.S.C. 102(e)/103(a) should not be made or maintained if the applicant provides evidence that the subject matter of the reference and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person.

Accordingly, based on the assignment for U.S.S.N. 09/417,884, this rejection should be removed.

Claims 1-3, 7, 8, 11, 20 and 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over **Ganguly *et al.*, U.S. Patent No. 6,277,830**, based on U.S.S.N. 09/348,534 filed on July 7, 1999. The applied reference has a common assignee with the instant application as evidenced by the assignment for U.S.S.N. 09/348,534 submitted herein as **Appendix F**. Applicants point out the following excerpt from MPEP 804.

> For applications filed on or after November 29, 1999, rejections under 35 U.S.C. 102(e)/103(a) should not be made or maintained if the applicant provides evidence that the subject matter of the reference and the claimed invention were, at the time the invention was made, owned by the same person or subject to an obligation of assignment to the same person.

Accordingly, based on the assignment for U.S.S.N. 09/348,534, this rejection should be removed.

CONCLUSION

It is believed that the foregoing three terminal disclaimers place this application now in condition for allowance. Therefore, favorable action allowing pending Claims 20-42 is respectfully solicited.

Respectfully submitted,

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